

<b>Case Number:</b>	CM15-0113565		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27-year-old female who sustained an industrial injury on 9/12/2014 which resulted in elbow and right hip pain, low back pain, and pain in the right shoulder including numbness and tingling in the right hand. The injured worker was initially diagnosed with cervicalgia, low back pain, and subsequently, unspecified disc disorder of the cervical region and shoulder dislocation. Treatments have included physical therapy and strengthening exercises for which there is no evidence of improvement in functioning or pain relief, and chiropractic treatments which is reported as showing improvement in lower back pain, but not in cervical pain or functioning. There is no evidence of use of pain medications. The injured worker continues to present with cervical pain and related symptoms. The treating physician's plan of care includes 8 sessions of acupuncture and possible use of TENS treatment. As of April, 2015, the injured worker was deemed unable to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**8 sessions of acupuncture for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient continues to have intermittent right axilla pain and some numbness in the small fingers. The patients also have continued neck and lower back pain. The patient has had physical therapy and chiropractic in the past. There was no evidence of prior acupuncture therapy. The guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. Additional acupuncture beyond the initial trial is recommended with documentation of functional improvement. Although the patient is a candidate for an initial trial of acupuncture, however, the provider's request for 8 acupuncture session to the cervical spine is not medically necessary at this time. The provider's request exceeds the guidelines recommendation for an initial trial and therefore is not consistent with the evidence based guidelines.